# HumanaDental



2015 OPEN ENROLLMENT
Lake County Board of County Commissioners





## cs series

#### What to expect from your dental plan:

Think about this: Your dentist tells you that you need a complicated dental procedure best performed by a specialist. Would you have the resources to keep that appointment?

CompBenefits' CS Series dental plan makes that decision a lot easier. The CS Series provides you the opportunity to visit any of the General Dentists in our network as well as the alternative of seeing a network Specialist Dentist to complete these intricate procedures.

Your CompBenefits' CS Series dental plan also provides you with routine cleanings and x-rays every six months, topical fluoride for children up to 16 and local anesthesia, among others.

With our exhaustive schedule of benefits, you will know up front how much your co-payment will be, and for procedures that may not be listed on the CS Series schedule, you'll receive a 25 percent discount off a network dentist's usual fees.

Additionally, CompBenefits' CS Series gives you freedom from deductibles, claim forms, waiting periods, or benefit maximums.

## Get more out of your dental plan @ www.mycompbenefits.com

Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



Get More for Your Money

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOI</b>	NTMENTS		PREVE	NTIVE CARE (cont.)	
9310	Consultation (diagnostic service provided by dentist other than		1515	Space Maintainer - fixed - bilateral	\$45 00 + IAB
9430	practitioner providing treatment)	\$15.00	1520	Space Maintainer - removable - unilateral	
9440	Office Visit (after regularly scheduled hours)		1525	Space Maintainer - removable - bilateral	
9999	Emergency visit during regularly scheduled hours, by report		1550	Recementation of space maintainer	
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40		RESTO	RATIVE	
	per broken appointment. No charge	<b>#10.00</b>	2140	Amalgam - one surface,	
	will be made due to emergencies	\$10.00	2140	primary or permanent	NO CHARGE
DIAGN			2150	Amalgam - two surfaces, primary or permanent	
120 140/15	Periodic oral evaluationNC	) CHARGE	2160	Amalgam - three surfaces, primary or permanent	
	Limited/Comprehensive oral evaluationNC	) CHARGE	2161	Amalgam - four or more surfaces, primary or permanent	
180	Comprehensive periodontal evaluation - new or established patient	\$10.00	2940 2999	Sedative filling	\$15.00
210	X-Ray Intraoral - complete series including bitewingsNC	) CHARGE		by report	NO CHARGE
220	X-Ray Intraoral - periapical - first filmNC	CLIADOE	RESIN	RESTORATION	
230	tirst film	) CHARGE	2330	Resin - one surface, anterior	\$35.00
230	X-Ray Intraoral - periapical - each additional filmNC	) CHARGE	2331	Resin - two surfaces, anterior	
270	X-Ray Bitewing - single filmNC	) CHARGE	2332	Resin - three surfaces, anterior	\$50.00
272	X-Ray Bitewings - two filmsNC	) CHARGE	2391	Resin - based composite -	<b>*</b> / <b>^ ^ ^</b>
274	Bitewings - four filmsNC	) CHARGE	2392	one surface, posterior	\$00.00
330	Panoramic filmNC		2392	two surfaces, posterior	\$80.00
460	Pulp vitality tests	) CHARGE	2393	Resin - based composite -	φοσ.σσ
470	Diagnostic castsNC	CHARGE	2070	three surfaces, posterior	\$100.00
DDEVE	NITIVE CARE		2394	Resin - based composite -	
	NTIVE CARE		0.510	four or more surfaces, posterior	\$120.00
1110/1			2510	Inlay - metallic - one surface	
	Prophylaxis-adult/child-routine (once every 6 months)NC	) CHARGE	2520 2530	Inlay - metallic - two surfaces	\$105.00
1110/1	120   Prophylaxis-adult/child-(additional)		2330	Inlay - metallic - three or more surfaces	\$130.00
1201	Topical application of fluoride	ψ20.00	CDOW	N O DDIDOF	
	(including prophylaxis) child			N & BRIDGE	
	(up to 16 years of age)NC	) CHARGE	2740	Crown - porcelain/ceramic	¢000 . IAD
1203	Topical application of fluoride		2750*	substrate	\$280 + LAB
	(not including prophylaxis) child	CHADOE	Z/ JU "	high noble metal	\$280.00
1330	(up to 16 years of age)NC Oral hygiene instructionNC	) CHARGE	2751	Crown - porcelain fused to	
1351	Sealant - per tooth			predominantly base metal	\$280.00
1510	Space Maintainer - fixed -		2752*	Crown - porcelain fused to noble	metal\$280.00
	unilateral\$45	.00 + LAB	2790*	Crown - full cast high noble metal	\$280.00

## Humana<sub>®</sub>

CompBenefits Family of Companies

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
CROW	N & BRIDGE (cont.)		PERIO	DONTICS (Gum treatment)	(cont.)
2791 2792* 2910	Crown - full cast predominantly base metal	\$280.00	4381 4910	Localized delivery of chemother agents (per tooth)	\$45.00
2920	Recement crown	\$15.00	PROST	HODONTICS	
2930	Prefabricated stainless steel crown - primary tooth	\$75.00	5110 5120	Complete denture - maxillary Complete denture - mandibular	\$300.00 + LAB
2950 2951	Core buildup, including any pins  Pin retention - per tooth	\$45.00	5130 5140	Immediate denture - maxillary Immediate denture - mandibular	\$300.00 + LAB
<ul><li>2952</li><li>2953</li></ul>	Cast post and core in addition to crown	\$90.00 + LAB	5211	Maxillary partial denture - resin base	·
2954	same tooth	\$90.00 + LAB	5212	Mandibular partial denture - resin base	
2962	addition to crown	\$90.00	5213	Maxillary partial denture - cast metal framework,	400000
	laboratory	\$280 + LAB	5214	resin denture bases	
ENDO	DONTICS			resin denture bases	\$300.00 + LAB
3220 3221	Therapeutic pulpotomy Pulpal debridement, primary and permanent teeth	\$35.00	5410 5411	Adjust complete denture - maxill Adjust complete denture - mand	ibular\$15.00
3310	permanent teeth Root canal therapy - anterior (excluding final restoration)		5421 5422	Adjust partial denture - maxillary Adjust partial denture - mandibu	/\$15.00 ılar\$15.00
3320	Root canal therapy - bicuspid		REPAIR	RS TO PROSTHETICS	
3330	(excluding final restoration)		5510	Repair broken complete denture base	\$1.5 00 + IAB
3410	(excluding final restoration)		5520	Replace missing or broken teeth complete denture (each tooth)	j <del>-</del>
	dilienoi	ψ125.00	5610 5630	Repair resin denture base Repair or replace broken clasp	\$15.00 + LAB
PERIO	DONTICS (Gum treatment)		5640	Replace broken teeth - per tooth	\$15.00 + LAB
4210	Gingivectomy/gingivoplasty 4+ teeth per quad	\$125.00	5650	Add tooth to existing partial denture	
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad	\$40.00	5730	Reline complete maxillary dentu (chairside)	\$50.00
4260	Osseous surgery, 4+ teeth, per quad	\$350.00	5731	Reline complete mandibular der (chairside)	\$50.00
4261	Osseous surgery, 1-3 teeth, per quad	\$350.00	5740	Reline maxillary partial denture (chairside)	\$50.00
4271	Free soft tissue graft procedure (inc. donor site surgery)	\$225.00	5741	Reline mandibular partial dentur (chairside)	\$50.00
4341	Periodontal scaling and root planing 4+ teeth per quad	\$50.00	5750	Reline complete maxillary dentu (laboratory)	\$35.00 + LAB
4342	Periodontal scaling and root planing 1-3 teeth per quad	\$50.00	5751	Reline complete mandibular der (laboratory)	iture\$35.00 + LAB
4355	Full mouth debridement to enable ev and diagnosis	\$45.00	5760	Reline maxillary partial denture (laboratory)	\$35.00 + LAB

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
REPAIR	S TO PROSTHETICS (cont.)			CTIONS/ORAL AND MAXILLOFA	CIAL
5761	Reline mandibular partial denture			RY (cont.)	
5850 5851	(laboratory)	\$30.00	7321 7510	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
PROST	HODONTICS (Fixed)			intraoral	\$25.00
6210* 6211 6212* 6240* 6241 6242* 6750* 6751 6752* 6790* 6791	Pontic - cast high noble metal	\$280.00 \$280.00 \$280.00 \$280.00 \$280.00 \$280.00 \$280.00 \$280.00 \$280.00	<b>ORTHO</b> 8070/8	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to months of routine (full-banded) orthodor treatment for Class I and Class II cases Consultation	24 httic  NO CHARGE\$35.00\$1,800.00  of ine  NO CHARGE\$35.00
EXTRA SURGE	CTIONS/ORAL AND MAXILLOFAC	IAL	8680	Records/Treatment Planning Orthodontic Treatment Retention	\$2,000.00
7111	Coronal remnants, deciduous toothNo	O CHARGE	ADJUN	ICTIVE GENERAL SERVICES	
7140	Extraction, erupted tooth or	0.0114505	9215	Local anesthesia	NO CHARGE
7210 7220 7230 7240 7250	exposed root	\$40.00 \$50.00 \$70.00	9230 9450 9951 9952	Analgesia (nitrous oxide - per 15 minutes)	\$15.00 NO CHARGE \$25.00
7310	Alveoloplasty in conjunction with		* TUC	ABOVE COPAYMENTS DO NOT IN	JOHNE THE
7311 7320	extractions - per quadrant		ADDIT SEMI-F OF PR	ABOVE COPAYMENTS DO NOT IN FIONAL COST OF PRECIOUS (HIGH I PRECIOUS (NOBLE) METAL. THE ADDIT PECIOUS METAL SHALL NOT EXCEED \$ \$75 PER UNIT FOR SEMI-PRECIOUS MI	NOBLE) AND IONAL COST I 25 PER UNIT
, 520	extractions - per quadrant	\$70.00			

**CS 150** 

CompBenefits Family of Companies

#### schedule of benefits and subscriber copayments

#### **NOTE:**

- 1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
- Unlisted procedures are at the dentist's usual fee less 25%.
- WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

#### **SPECIALIST SERVICES**

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist's usual and customary fee less 25%.

#### LIMITATIONS AND EXCLUSIONS

- No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
- 2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- Company does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.

- c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
- f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
- g) Treatment for cysts, neoplasms and malignancies.
- h) General anesthesia.

CompBenefits Company CompBenefits Insurance Company CompBenefits Dental, Inc. CompBenefits of Alabama, Inc.

CompBenefits of Georgia, Inc. American Dental Plan of North Carolina, Inc.

## frequently asked questions

#### **Q.** What are CS Series DHMO plans?

A. CompBenefits' CS Series DHMO plans are network-based products that emphasize prevention and cost containment. In order to receive services, you select a primary dentist who participates in the CompBenefits DHMO network. The plan provides for quality care and allows members to seek care from in-network specialty dentist at fixed co-payments. These plans provide savings ranging from 20 percent to 60 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

#### **Q.** How does the plan work?

A. Your primary dentist will provide all of your routine dental care. When you visit your primary care dentist, simply present your CompBenefits identification card. You may be required to pay a co-payment for some services provided by your primary care dentist. If the dental services provided are not listed as covered procedures under the plan, primary care dentists will give you a 25 percent discount off their usual fees. Should you require the services of a specialty dentist, you can choose any in-network specialty dentist under the CompBenefits DHMO plan. All in-network specialists will provide services at the co-payment listed on your schedule of benefits. The co-payments are billed by the participating dentist at the time of service, so there are no claims forms to file. You pay your dentist directly, if applicable.

#### **Q.** How many times a year can I visit my dentist?

**A.** You are encouraged to visit your dentist regularly. With your CompBenefits' CS Series Plan, you are not limited to a specific number of visits per year.

#### **Q.** How do I make appointments?

A. Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at or on its way to your participating dentist's office, confirming that you are eligible for treatment.

#### **Q.** What if I need a specialty dentist?

**A.** When you need treatment from a specialty dentist you can visit one of the participating specialty dentists from our network, and you will only be responsible for the co-payment listed on your schedule of benefits.

#### **Q.** Is there any maximum coverage limitation?

A. No, there are no maximum coverage limitations.

#### **Q.** How do I pay for services?

A. You make your co-payments to the dentist at time of service.

#### **Q.** What if I go to a non-participating dentist?

**A.** You will not be eligible for benefits from a non-participating dentist. You must seek treatment from the participating dentist you selected.

#### **Q.** Can I change participating dentists?

**A.** Yes. You can easily change dentists by contacting our Member Services department at 800-342-5209. You can also change your dentist by logging onto www.mycompbenefits.com.

#### **Q.** Can I go online to find out more about my plan or get assistance?

**A.** Yes. You can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

#### **Q.** How do I order an ID card?

**A.** You can download and print a temporary ID card or order a new ID card at www.mycompbenefits.com, or you can call our Member Services department at 800-342-5209.

## advantage

#### What to expect from your dental plan:

Life brings all manner of surprises – some of them good, some of them not.

No matter how much you plan for now and the future, it is very likely that something will come along that leaves you wondering how you are going to pay for it – like dental problems.

Your teeth may be perfectly healthy right now, but CompBenefits' Advantage plan will give you the security you need in case you are looking at expensive dental treatment down the road.

Advantage is a new generation, hybrid dental plan (which takes the best from DHMOs as well as traditional indemnity insurance). And Advantage is the dental benefit of choice for thousands of CompBenefits members who depend on a company that has been helping people maintain good oral health for more than 25 years.

Advantage isn't hard to navigate: you'll be free from deductibles, claim forms, waiting periods, and benefit maximums – freedom you won't find with other insurance plans.

Plus, you'll get a large network of in-network dentists, and with no co-payment, routine cleanings and x-rays every six months are covered 100 percent as well as oral exams, local anesthesia and topical fluoride for children up to age 16.

## Get more out of your dental plan @ www.mycompbenefits.com

Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



The Advantage of Good Oral Health

### **ADVANTAGE - AVN2**

Office Visit Co-pay General Provider \$5 / Specialist Provider \$15

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE F	PATIENT PAYS
D0120	Periodic oral examination	40.00	D2330	Resin-based composite -	40.00
501.40	(limit 2 every 12 months)	\$0.00	D 0 0 0 1	one surface, anterior	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D2331	Resin-based composite -	фо oo
D0150	Comp oral evaluation - new /	¢0.00	D0000	two surfaces, anterior	\$0.00
D01/0	established patient	\$0.00	D2332	Resin-based composite -	40 00
D0160	DTL&EXT oral evaluation - problem	40.00	D2335	three surfaces, anterior	\$0.00
D0170	focused report	00.04	DZSSS	Resin compos - 4/more surfaces/invlv incisal ang	\$0.00
D0170	Re-evaluation - limited problem focused		D2390	Resin-based composite crown anterior	¢
D0100	Comp periodontal evaluation - new / est patient	\$0.00	D2390	Resin-based composite -	φ0.00
D0210	Intraoral, complete series	φ0.00	DZ391	one surface, posterior	\$0.00
D0210	(limit one every 3 years)	\$0.00	D2392	Resin-based composite -	ψΟ.ΟΟ
D0220	Intraoral, periapical - first film	00.00	DZJ7Z	two surfaces, posterior	\$0.00
D0230	Intraoral, periapical each additional film		D2393	Resin-based composite -	φο.σο
D0230	Intraoral, occlusal film	0.00	D2070	three surfaces, posterior	\$0.00
D0240			D2394	Resin compos - four or more	φο.σο
	Extraoral, first film	0.00	D2074	surfaces, posterior	\$0.00
D0260	Extraoral, each additional film		D2510	Inlay - metallic one surface	φο.σο
D0270	Bitewing, single film (limit two every 12 months)	40.00	D2010	(limit 1 per tooth every 5 years)	\$313.00
D0272	every 12 monins)	\$0.00	D2520	Inlay - metallic two surfaces	φοιο.σσ
DU2/2	Bitewing, two films (limit two	40.00	DZOZO	(limit 1 per tooth every 5 years)	\$355.00
D0074	every 12 months)	\$0.00	D2530	Inlay - metallic - 3 or more surfaces	φοσο.σσ
D0274	Bitewing, four films (limit two	40.00	D2000	(limit 1 per tooth every 5 years)	\$410.00
D0077	every 12 months)	\$0.00	D2542	Onlay - metallic two surfaces	Ψ σ.σ σ
D0277	Vertical Bitewings (limit two	\$0.00	D 20 12	(limit 1 per tooth every 5 years)	\$402.00
D0330	every 12 months)	00.04	D2543	Onlay - metallic three surfaces	<b>T</b>
D0330	Panoramic film (limit one every 3 years)	0.00	220.0		\$420.00
	Diagnostic Casts	\$0.00	D2544	Onlay - metallic four or more surfaces	· · · ·
D1110	Prophylaxis, adult (limit 1 every	40.00	220	(limit 1 per tooth every 5 years)	\$437.00
D1100	6 months)	\$0.00	D2610	Inlay, porcelain/ceramic - one surface	
D1120	Prophylaxis, child (limit 1 every	\$0.00		(limit 1 per tooth every 5 years)	\$368.00
D1201	6 months)	\$0.00	D2620	Inlay, porcelain/ceramic - two surfaces	
DIZUI	Topical application of fluoride - child	40.00			\$389.00
D1203	(limit 2 every 12 months)	\$0.00	D2630	Inlay, porcelain/ceramic - three or	
D1203	Topical application of fluoride - child (limit 2 every 12 months)	\$0.00		more surfaces (limit 1 per tooth	
D1251	Sealant, per tooth (limit 1 per tooth	φυ.σο		every 5 years)	\$414.00
ונטוט	every 12 months for child < 13)	\$0.00	D2642	Onlay, porcelain/ceramic - two surfaces	
D1510	Space maintainer, fixed unilateral				\$403.00
D1515	Space maintainer, fixed bilateral		D2643	Onlay, porcelain/ceramic - three surfaces	
D1513	Space maintainer, removable unilateral				\$434.00
D1525			D2644	Onlay, porcelain/ceramic - four or	
D1525	Space maintainer, removable bilateral			more surfaces (limit 1 per tooth	
	Recementation of space maintainer	\$0.00		every 5 years)	\$461.00
D2140	Amalgam, one surface, primary	40.00	D2650	Inlay - resin-based composite -	
D0150	or permanent	\$0.00		one surface (limit 1 per tooth	
D2150	Amalgam, two surfaces, primary	40.00		every 5 years)	\$242.00
D2140	or permanent	φυ.υυ	D2651	Inlay - resin-based composite -	
D2160	Amalgam, three surfaces, primary or permanent	\$0.00		two surfaces (limit 1 per tooth	¢000 00
D2161	Amalgam, four or more surfaces,	ψΟ.ΟΟ	D0 / 50	every 5 years)	\$288.UU
DZIOI	primary or permanent	\$0.00	D2652	Inlay - resin-based composite -	
	primary or permanent	ψΟ.ΟΟ		three or more surfaces (limit 1	¢20200
				per tooth every 5 years)	φ3U3.UU

## Humana.

### **ADVANTAGE - AVN2**

Office Visit Co-pay General Provider \$5 / Specialist Provider \$15

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE PATIENT PAYS
D2662	Onlay - resin-based composite - two surfaces (limit 1 per tooth		D3346	Retreatment of previous RCT therapy, anterior\$424.00
D2663	every 5 years)Onlay - resin-based composite -	\$263.00	D3347	Retreatment of previous RCT therapy, bicuspid\$500.00
	three surfaces (limit 1 per tooth every 5 years)	\$310.00	D3348	Retreatment of previous RCT therapy, molar\$601.00
D2664	Onlay - resin-based composite - four or more surfaces (limit 1 per tooth		D3410	Apicoectomy/periradicular surgery, anterior\$361.00
D2710	every 5 years) Crown resin based composite indirect	\$332.00	D3421	Apicoectomy periradicular surgery bicuspid\$394.00
D2720	(limit 1 per tooth every 5 years) Crown - resin with high noble metal		D3425	Apicoectomy periradicular surgery molar\$445.00
D2721	(limit 1 per tooth every 5 years) Crown - resin with predominantly base	\$461.00	D3426 D3430	Apicoectomy/periradicular surgery\$148.00 Retrograde filling - per root\$109.00
D2722	metal (limit 1 per tooth every 5 years) Crown - resin with noble metal		D4210	Gingivect/plsty 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)\$358.00
D2740	(limit 1 per tooth every 5 years)		D4211	Gingivect/plsty 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)\$153.00
D2750	(limit 1 per tooth every 5 years) Crown, porcelain fused to high noble	\$473.00	D4240	Gingivect/flp proc 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)\$421.00
D2751	metal (limit 1 per tooth every 5 years) Crown, porcelain fused to predom base		D4241	Gingivect/flp proc 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)\$217.00
D2752	metal (limit 1 per tooth every 5 years) Crown, porcelain fused to noble	\$434.00	D4249	Clinical crown lengthening - hard tissue\$481.00
D2790	metal (limit 1 per tooth every 5 years) Crown, full cast high noble metal		D4260	Osseous surg 4/> contig/bound teeth spaces - quad\$680.00
D2791	(limit 1 per tooth every 5 years) Crown, full cast predom base metal	\$450.00	D4261	Osseous surg 1-3 contig/bound teeth spaces - quad\$354.00
D2792	(limit 1 per tooth every 5 years) Crown, full cast noble metal	\$426.00	D4341	Prdontal scaling & root planing 4/more teeth - quad (limit 2 per quad
D2910	(limit 1 per tooth every 5 years) Recement inlay only/part coverage		D4342	every 12 months)\$0.00 Prdontal scaling & root planing 1-3
D2920	restoration			teeth - quad (limit 2 per quad every 12 months)\$0.00
D2930	Prefabricated stainless steel crown - primary tooth	\$115.00	D4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis\$0.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$131.00		Periodontal Maintenance (limit 2 every 12 months)\$0.00
D2932 D2940	Prefabricated resin crown	\$44.00	D5110	Complete denture – maxillary (limit 1 every 5 years)\$642.00
D2950 D2951	Core buildup including pins Pin retention - per tooth, in addition		D5120	Complete denture – mandibular (limit 1 every 5 years)\$642.00
D2952	to restoration		D5130	Immediate denture – maxillary (limit 1 every 5 years)\$700.00
D2954	Prefabricated post & core in addition to crown	\$139.00	D5140	Immediate denture – mandibular (limit 1 every 5 years)
D3220	Tx pulp-remv pulp coronal dentinocementl junc	\$75.00	D5211	Maxillary partial denture, resin base (limit 1 every 5 years)
D3310 D3320	Root canal - Anterior	\$315.00	D5212	Mandibular partial denture, resin base (limit 1 every 5 years)\$629.00
D3330	Root canal - Molar	\$497.00	D5213	Max part dentr - cast metl frmewrk w/ resin base (limit 1 every 5 years)\$709.00

### **ADVANTAGE - AVN2**

Office Visit Co-pay General Provider \$5 / Specialist Provider \$15

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE PA	ATIENT PAYS
D5214	Mnd part dentr - cast metl frmewrk w/ resin base (limit 1 every 5 years)	\$709.00	D6602	Inlay, cast high noble metal, two surfaces (limit 1 every 5 years)\$	380.00
D5410 D5411	Adjust complete denture – Maxillary Adjust complete denture – Mandibular	\$35.00	D6603	Inlay, cast high noble metal, three or more surfaces (limit 1 every 5 years)\$.	
D5421 D5422	Adjust partial denture – Maxillary Adjust partial denture – Mandibular	\$35.00	D6604	Inlay, cast predominantly base metal, two surfaces (limit 1 every 5 years)\$	372.00
D5510 D5520	Repair broken complete denture base Replace missing or broken teeth -		D6605	Inlay, cast predominantly base metal, three or more surfaces (limit 1 every 5 years)\$	394.00
D5610	complete denture	\$76.00	D6606		366.00
D5620 D5630	Repair cast framework	\$82.00 \$100.00	D6607	, , ,	406.00
D5640 D5650	Replace broken teeth - per tooth	\$88.00	D6608	, , ,	386.00
D5660 D5710	Add clasp to existing partial denture Rebase complete maxillary denture	\$261.00	D6610	Onlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)\$. Onlay, cast high noble metal,	403.00
D5711 D5720	Rebase complete mandibular denture Rebase maxillary partial denture	\$246.00	D6611	two surfaces (limit 1 every 5 years)\$. Onlay, cast high noble metal, three or	409.00
D5721 D5730	Rebase mandibular partial denture Reline complete maxillary denture	\$147.00	D6612		448.00
D5731 D5740	Reline complete mandibular denture Reline maxillary partial denture	\$135.00	D6613		407.00
D5741 D5750	Reline mandibular partial denture Reline complete maxillary denture	\$196.00	D6614	more surfaces (limit 1 every 5 years)\$. Onlay, cast noble metal, two surfaces	426.00
D5751 D5760	Reline complete mandibular denture Reline maxillary partial denture	\$193.00	D6615	Onlay, cast noble metal, three or more	399.00
D5761 D5850	Reline mandibular partial denture Tissue conditioning, maxillary	\$61.00	D6720	Crown, resin - with high noble metal	414.00
D5851 D6210	Tissue conditioning, mandibular Pontic, cast high noble metal		D6721	Crown, resin - with predom base metal -	474.00 450.00
D6211	(limit 1 every 5 years) Pontic, cast predominantly base metal (limit 1 every 5 years)	\$431.00	D6722	Crown, resin with noble metal	458.00
D6212	Pontic, cast noble metal (limit 1 every 5 years)		D6740	Crown, porcelain/ceramic	499.00
D6240	Pontic, porcelain fused to high noble metal (limit 1 every 5 years)		D6750	Crown, porcelain fused to high noble metal - denture (limit 1 every 5 years)\$	
D6241	Pontic, porcelain fused to predominantly base metal (limit 1 every 5 years)		D6751	Crown, porcelain fused to predominantly	453.00
D6242	Pontic, porcelain fused to noble metal (limit 1 every 5 years)		D6752		464.00
D6250	Pontic, resin with high noble metal (limit 1 every 5 years)	\$420.00	D6780 D6790	Crown, 3/4 cast high noble metal\$  Crown, full cast high noble metal -	
D6251	Pontic, resin with predominantly base metal (limit 1 every 5 years)	\$388.00	D6791	Crown, full cast predominantly base	469.00
D6252	Pontic, resin with noble metal (limit 1 every 5 years)	\$400.00	D6792	metal - denture (limit 1 every 5 years)\$.  Crown, full cast noble metal -	
D6600	Inlay - porcelain/ceramic two surfaces (limit 1 every 5 years)	\$355.00	D6930	denture (limit 1 every 5 years)	
D6601	Inlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)	\$373.00		(limit 1 every 5 years)	Φ37.00

## Humana.

#### **ADVANTAGE - AVN2**

Office Visit Co-pay General Provider \$5 / Specialist Provider \$15

#### schedule of benefits and subscriber copayments

Consultation ......\$96.00

Occlusal adjustment, limited ......\$58.00

Occlusal adjustment, complete ......\$326.00

ADA CODE		IENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D6970	Cast post & core add fix part dentur	7.00		DONTICS	
D6972	retainer (limit 1 every 5 years)	7.00	D8070/	D8080 Comprehensive Orthodontic Treatmen	+
D09/ Z	Prefab post & core add fix part dentur retain (limit 1 every 5 years)\$12	8 00		of the transitional adult dentition.	II
D6973	Core buildup for retainer including any pins	0.00		Comprehensive Orthodontic Treatmen	
	(limit 1 every 5 years)\$10	3.00		of the transitional adolescent dentition	
D7111	Extraction of coronal remnants,	0.00		Children up to 19 years of age Up to 24 months of routine orthodontic	
D7140	deciduous tooth\$	0.00		treatment for Class I and Class II case	2.5
D7140	Extraction, erupted tooth or exposed root\$	0.00		Consultation	
D7210	Surgical removal of erupted tooth	0.00		Evaluation	\$35.00
2, 2.0	rqr elev flp & remv bone\$10	8.00		Records/Treatment Planning	\$250.00
D7220	Removal of impacted tooth soft tissue\$13	5.00		Orthodontic Treatment	\$2,100.00
D7230	Removal of impacted tooth -		D0000		
57040	partially bony\$17	9.00	D8090	Comprehensive Orthodontic Treatmen of the transitional adult dentition	t
D7240	Removal of impacted tooth -	1 00		Comprehensive Orthodontic Treatmen	t
D7241	completely bony\$21 Removal of impacted tooth - compl bony	1.00		of the transitional adolescent dentition	
D/ Z41	w/unusual surgical complications\$26	5.00		Children up to 19 years of age Up to	
D7250	Surgical removal of residual tooth roots\$11			24 months of routine orthodontic treat	tment
D7310	Alveoloplasty conjunc w/extractions			for Class I and Class II cases	40.00
	per quadrant\$12	5.00		Consultation	\$U.UU
D7311	Alveoloplasty conjunc xtract	7.00		Records/Treatment Planning	\$250.00
D7320	1-3 teeth/spaces quad\$9 Alveoloplasty not in conjunc	7.00		Orthodontic Treatment	\$2,300,00
D/ 320	w/extractions - quad\$18	1 00	D8680	Retention	
D7321	Alveoloplasty not conjunc xtract				·
	1-3 teeth/spaces quad\$15	3.00	NOTE		
D7510	Incision and drainage of abscess,			Participating General Dentist and	
D7500	intraoral soft tissue	0.00	Speci	alty office visit co-payment amounts, if n on your I.D. card. Your office visit	applicable, are
D7520	Incision and drainage of abscess, extraoral soft tissue	·	appli	cable for all dates of service and is in	addition to the
D7960	Frenulectomy separate procedure\$11		co-pa	yment amounts listed for covered service	ces.
D7970	Excision of hyperplastic tissue, per arch\$27		2. Co-pa	ayment amounts for listed procedures ar	e applicable at
D9110	Palliative treatment of dental pain -	2.00		the Participating General Dentist of	or Participating
	minor procedure	5.00		alty dentist.	
D9241	IV conscious sedation/analgesia -		J. INOT (	all Participating Dentists perform all list ling amalgams. Please consult your	dentist prior to
D00.40	First 30 minutes \$14	4.00	treatm	nent for availability of services.	acinisi piloi 10
D9242	IV conscious sedation/analgesia -	0.00		ed covered procedures are ava	ilable at the
50010	each additional 15 minutes\$6	0.00		ipatina Dentist's usual fee less 20%.	

- nd Participating if applicable, are sit co-payment is in addition to the ices.
- are applicable at or Participating
- isted procedures, r dentist prior to
- vailable at the Participating Dentist's usual fee less 20%.
- 5. If you should need to see a specialty dentist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty dentist.

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## Humana.

#### **ADVANTAGE - AVN2**

Office Visit Co-pay General Provider \$5 / Specialist Provider \$15

#### schedule of benefits and subscriber copayments

#### LIMITATIONS AND EXCLUSIONS

- 1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph B of the Certificate.
- 2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- Company does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.

- c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
- f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
- g) Treatment for cysts, neoplasms and malignancies.
- h) General anesthesia.

## frequently asked questions

#### **Q.** What are CompBenefits Advantage dental plans?

**A.** CompBenefits' Advantage plans are network-based dental plans that emphasize prevention and cost containment. In order to receive services, you simply select any participating general dentist in CompBenefits' Advantage network and make your appointment. You do not need to notify us of your choice. Advantage does not cover services (except emergency care) received from an out-of-network dentist.

#### **Q.** How do the plans work?

**A.** With CompBenefits' Advantage plans, you do not have to pre-select a primary dentist. When you want dental services, simply select any general dentist from the CompBenefits' Advantage network. Many preventive services are covered 100 percent after a co-payment for other listed procedures. Once you have paid your co-payment, you do not have to file any claim forms. For dental services that are not listed on your schedule of benefits, the dentists will give you a 20 percent discount off their usual fees. You will pay your dentist directly, if applicable.

#### **Q.** How many times a year can I visit my dentist?

**A.** You are encouraged to visit your dentist regularly. With your CompBenefits' Advantage Plan, you are not limited to a specific number of visits per year.

#### **Q.** How do I make appointments?

**A.** Making an appointment is easy. Simply call a participating dental office on or after the date you receive your certificate of coverage, and you may schedule an appointment. You do not have to notify us when you have selected your Advantage dentist.

#### **Q.** Do I need to select a participating dentist?

**A.** Yes, you will choose an Advantage network dentist, but you are welcome to change to another participating dentist at any time without notifying us.

#### **Q.** Is there any maximum coverage limitation?

**A.** No, there are no maximum coverage limitations.

#### **Q.** How do I pay for services?

**A.** For procedures other than those covered with no co-payment, you will be responsible for a co-payment, based on your schedule of benefits, but most preventive services do not have a co-payment.

#### **Q.** What if I need a specialty dentist?

**A.** When treatment by a participating specialty dentist is required, you will pay a co-payment for procedures listed on your schedule of benefits. For any other treatment, participating specialty dentists will give you a 20 percent discount off their usual fees.

#### **Q.** Can I go online to find out more about my plan or get assistance?

**A.** Yes. After you enroll, you can visit www.mycompbenefits.com to register and learn about your plan, to check your benefits, to use our Provider Locator, to send us an e-mail and more.

## elite preferred

#### What to expect from your dental plan:

When you're experiencing tooth pain, you can rest assured that your CompBenefits PPO dental insurance will give you the peace of mind that it will be there for you, helping with the expense of that trip to the dentist.

CompBenefits' fully insured PPO emphasizes preventive care – routine oral examinations, cleanings and x-rays – the simplest way to keep those nasty toothaches away.

And you'll get these benefits at an affordable price whether you choose a dentist from one of CompBenefits' participating dental office locations or if you choose a dentist who is not in our network.

If you need to file a claim, CompBenefits will reimburse you from our state-of-the-art claims system that pays claims quickly and correctly.

## Get more out of your dental plan @ www.mycompbenefits.com

Want to know the status of a claim? Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



Dental Plan of Choice

#### **CompBenefits Insurance Company**

## Elite Preferred 720 (w/ortho)

The network plan that offers maximum coverage with the cost advantages on a traditional indemnity plan.

#### > FREEDOM TO CHOOSE ANY DENTIST

Participants are free to select from a panel of participating dentists or seek care from any non-participating dentist.

#### VALUABLE SAVINGS FROM NETWORK DENTISTS

Network dentists offer savings by agreeing to charge you based on negotiated maximum allowable contracted fee schedule. If you go to a non-participating dentist, the charged amount may be above that charged by a Participating Dentist.

#### NO BALANCE BILLING

A participating dentist has agreed not to charge you any amount for services above the negotiated maximum allowable fee amount. When utilizing a non-participating dentist, you will be responsible for any extra amount charged by the dentist over the CompBenefits negotiated maximum and the customary charge of the dentist.

## EXTENSIVE NETWORK OF PARTICIPATING DENTISTS

Refer to your Provider Directory for a listing of participating dentists that offer services on a guaranteed-negotiated fee schedule.

#### ACCESS TO INFORMATION

Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

## Any way you add it up, CompBenefits really is the benefits company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

## SUMMARY OF BENEFITS

Partial Listing of Covered Services

In-Network Out-of-Network Reimbursements Reimbursements

#### Type I Diagnostic & Preventive...100%.......100%

Oral Examination (once per six months)
Prophylaxis (cleaning, once per six months)
Topical Fluoride (children under 16,
once per 12 months)
X-Rays (limitations may apply)
Sealants (once per 3 years for children
under age 16, for non carious molars only)
Space Maintainers (for children under age 16)

#### Type II Basic Services...... 80%......80%

Simple Restorative (amalgam, synthetic, or composite fillings)
Emergency Palliative Treatment
Tooth Extraction
Endodontics (root canals)

#### Type III Major Services......50%.....50%

Major Restorative (crowns/inlays/onlays)
Periodontics (includes treatment of diseases of the gums
Bridge, Denture Repair

Prosthetics (bridges and dentures)

#### Type IV Orthodontics ......50%.....50%

You and Your Dependents covered under the plan

#### **MAXIMUM BENEFITS**

Insured Individual and Dependents

Unlimited	Unlimited
\$1,000	\$1,000
\$1,000	\$1,000
\$500	\$500
None	None
\$50	\$50
	\$1,000 \$1,000 \$500 None

<sup>\*</sup>Coverage based on Preferred Provider schedule of discounted fees

<sup>\*\*\*</sup>Maximum of 3 per family.

#### **CompBenefits Insurance Company**

## Elite Preferred 720 (w/ortho)

#### MAJOR RESTORATIVE LIMITATIONS

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

- the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
- the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
- 3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
- the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
- the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
- 6. the replacement of teeth up to the normal complement of 32.

#### **EXCLUSIONS**

Benefits will not be paid for:

- procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
- any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
- crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
- appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of solinting:
- any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
- 6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
- charges for travel time; transportation costs; or professional advice given on the phone;

- procedures performed by a Dentist who is a member of Your immediate family;
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
- charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
- any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures:
- 12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
- the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
- treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
- any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
- procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
- a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
- an injury that arises out of or in the course of a job or employment for pay or profit;
- 19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. CompBenefits Insurance Company will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

#### **PREDETERMINATION**

If Covered Dental Expenses for a procedure are expected to be more than \$200 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment, send preauthorization to CompBenefits, P.O. Box 8236 Chicago, IL 60680–8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

## frequently asked questions

#### **Q.** How does an Elite Preferred dental plan work?

A. Under our PPO plans, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your group's schedule of benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual limit for benefits.

#### **Q.** How do I select an in-network dentist?

A. You may choose a participating PPO general dentist from our preferred provider directory available online at www.mycompbenefits.com. Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist's credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

#### **Q.** How do I select an out-of-network dentist?

**A.** By choosing a general dentist not included in the preferred provider list at www.mycompbenefits.com, you have selected an out-of-network provider. You will be charged the dentist's usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be typically greater than using an in-network dentist.

#### **Q.** When is predetermination required?

**A.** If planned treatment is going to cost more than \$200, you should ask your dentist to file for predetermination of benefits prior to treatment. Predetermination is not necessary for emergency treatment.

#### **Q.** How does my bill get paid?

A. Each dentist bills separately. Your dentist may agree to file your insurance claim for you. If he or she does not, however, you may be required to pay the entire bill at time of service and will need to submit a claim to CompBenefits for your reimbursement. Your reimbursement will be based on whether you have met any applicable deductible or coinsurance amounts or not. All financial arrangements concerning payment are strictly between you and your dentist and should be determined prior to treatment.

#### **Q.** Where do I send my claims?

**A.** You can get a claim form from your Group Benefits Administrator, from CompBenefits' Customer Care department or from our Web site, www.mycompbenefits.com. Mail your claim to:

Humana Specialty Benefits P.O. Box 14283

Lexington, KY 40512-4283

#### **Q.** Can I go online to find out more about my plan or get assistance?

**A.** Yes. After you enroll, you can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

# what's new online... www.mycompbenefits.com



Explore the exciting new features that make it easier for you to find information and make changes to your CompBenefits dental plans.

- Change Personal Information: You can now access and change personal demographic information, such as your name and address, directly from your CompBenefits account.
- Change Your DHMO Dental Provider: To change your DHMO provider, simply follow the step-by-step instructions on the Member List page and click SAVE.
- Search for a Provider: By registering at MyCompBenefits.com, you can easily search for a Provider in your area that accepts your specific plan.
- ID Card and Claim Forms: You may print temporary ID Cards and request permanent ID Cards online. You may also download Claim Forms as needed.
- Check the Status of a Claim: It's easy to check your claim status. Simply select the family member who received services and enter the time period to obtain a list of claims. From the list, click on the View option to see details on how the claim was paid.
- Ask Questions about a Claim: We're here to answer any questions you may have.
   From the claims detail screen, click Claims Question. You'll receive a response within one business day.

#### How to Register Online: It's fast and simple!

Step #1: Go to www.mycompbenefits.com.

Step #2: Select Click here to Register Now!

 $\textbf{Step \#3:} \ \ \textit{Type the requested information on the PIN Registration page and click } \textbf{Next}.$ 

Step #4: In the next page, enter your Member ID number.

**Step #5:** Enter your demographic information as it appears on your enrollment form or as indicated on your ID card. Click **Submit**.

Member Access to Online Services 24 Hours a Day, 7 Days a Week

Humana.

#### **Dental Claim Form**

Ę	Check One: ☑ Dentist's pre-trea ☑ Dentist's stateme				rices	i				H	un	nc	וו	na.			P.O.	Box 1	pecialty Benefits 4283 KY 40512-4283
PATIENT	Patient name first m.i.	last				2. Relationship to employee  self child spouse child			e 3. Sex m f				MM DD YYYY So			5. If full to School City	time studei	nt	
COVERAGE	Employee/subscriber name and mailing address	Э				7. Employee soc. sec.		8. Em birth MM	ndate	riber YYY	9. Emp nam	loyer e and a					10	). Grou	ip number
GE 11. Is patient covered by another dental plan?  ☐ yes ☐ no  If yes, complete 12-a.  Is patient covered by a medical plan?  ☐ yes ☐ no				ame and add	dress of	f carrier(s)		12-b. Grou	p no.(s	s)		1	3. Name	and ad	ddress of	other emplo	oyer(s)		
A T O N	14-a. Employee/subscriber nan (if different than patient's				SOC.	. Employee/sec. or I.D.	#		14-c. Em	Ĺ	DD	Ì	/YYY	,	□ s □ s	self	ip to benef ☐ parer ☐ other	nt .	
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BILLING	Name of Billing Dentist or D     Address where payment sh			l					24. Is treat of occu illness of auto	ment re pational or injury	sult	No	Yes	If yes, en	ter brie	f description	on and dates		
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Si	gned (Treating Dentist)				License	e Number			Date			_   M:	ax Al	llowable					
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Any person who knowingly and with intent to defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Insured or administered by HumanaDental Insurance Company, CompBenefits Company, or CompBenefits Insurance Company.



